



100 BEACH ROAD WAIHI BEACH 3611
PHONE (07) 863 5704 FAX (07) 863 5705

Parent Helper Application Form – Waitawheta Camp
Tuesday 14th February to Friday 17th February

Name:

Category: Parent/Caregiver **GROUP A – STAYING AT CAMP** ☐

Gender: M ☐ F ☐ **GROUP B – DAY TO DAY** ☐

I have the following skills/experience/qualifications. (tick ✓ or cross x)

Qualification	Current	Non current	Notes (recent experience)
Car driver's license	<input type="checkbox"/>	<input type="checkbox"/>	
Passenger service license	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Valid until: Date lapsed:
Teacher Registration	<input type="checkbox"/>	<input type="checkbox"/>	
CPR certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Life Saving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming ability (please describe)			
Instructor/coaching qualifications relevant to the activity (list below or attach)			
Other significant skills or experience relevant to the activities planned (list below)			
Tramping	Waitawheta Valley Area		
Kayaking	First Aid		
Climbing and Abseiling	I would like to volunteer to be in the kitchen		
Bush Skills and Survival	Other skills...		
I can help on- please tick days that you can assist. Please refer to newsletter for Camp Timetable			
Tuesday	Wednesday	Thursday	Friday

I can/cannot take my vehicle with passengers in diagonal seat belts

(Current wof/reg/drivers licence required) yes/no

I have a trailer that I can use if required yes/no

I certify that the above information is correct.

Signed: Date:

Name: Contact Number:

Please Turn Over, Agreement for Parent Helpers Signature

B. For parents/volunteers who have been invited to assist on the event only.

Name:

Address:

Telephone: (home)

(work)

(cell phone)

I am the parent/caregiver of (name)

OR

I am a volunteer helper ☐ (please tick)

C. Agreement:

As a parent/volunteer helper taking part in the school EOTC event:

- I am willing to comply with requests of staff and will follow safety procedures they have set.
- I am willing to assist in aspects of running the event, based on information I have supplied on the Staff and Volunteer Competence form (sample form 9).
- I agree there is no place for alcohol, smoking or bad language on a school EOTC event.
- I accept the terms of my involvement as stated above.

Signed:

Date:

Name: